DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTO EY DOCKET NO. 10016911 -1

As a below named inventor, I hereby declare that:

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

vertical interconnection Struct	ture And Wethods			
the specification of which is	attached hereto unless	the following box is c	hecked:	
(X) was filed on Jul 23,				l' 4'
		lication No. or PCT In		
Number 10/202105		led on		
I hereby state that I have re including the claims, as ame disclose all information which	nded by any amandmar	it(s) referred to above	a lacknowled	d specification lge the duty to
Foreign Application(s) and/or Claim of	f Foreign Priority			•
I hereby claim foreign priority benefi inventor(s) certificate listed below ar a filing date before that of the applic	id have also identified below:	any foreign application for	any foreign applicat patent or inventor(ion(s) for patent on some control of the control of
COUNTRY	APPLICATION NUMBER	DATE FILED	PRIORITY CLAIMED	JNDER 35 U.S.C. 119
			YES:	NO:
Provisional Application			YES:	NO:
I hereby claim the benefit under Title below:	35, United States Code Sec	ction 119(e) of any United	States provisional	application(s) liste
	APPLICATION NUMBER	FILING DATE	\neg	
			_	
U. S. Priority Claim				
I hereby claim the benefit under Title insofar as the subject matter of each manner provided by the first paragra information as defined in Title 37, Co application and the national or PCT in	of the claims of this applica ph of Title 35, United States de of Federal Regulations. Se	tion is not disclosed in the Code Section 112, I acknowledge 1,56(a) which accura-	prior United State	s application in th
APPLICATION NUMBER FILING DATE		STATUS (patented/pending/abandoned)		
POWER OF ATTORNEY: As a named inventor, I hereby appo business in the Patent and Trademark	oint the following attorney(s): Office connected therewith:	and/or agent(s) to prose	cute this application	on and transact a
Customer Number	022879	Place Customer Number Bar Code Label here].	
Send Correspondence to:		Direct Telephon	e Calls To:	
HEWLETT-PACKARD COMPANY Intellectual Property Administration P.O. Box 272400	n	Timothy F. Myers		

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

(541) 715-4197

Full Name of Inventor:	Peter Fricke	Citizenship: US
Residence:	7101 Rhoda Way, Corvallis OR 97330	
Post Office Address:	Same as Residence	
Inventor's Signature	tank	9116/2002
	D	ate

Rev 05/02 (DecPyvr)

Fort Collins, Colorado 80527-2400

(Use Page Two For Additional Inventor(s) Signature(s))

Page 1 of 2

DEGLARATION AND POW. . OF ATTORNEY FOR PATENT APPLICATION (continued)

A PRNEY DOCKET NO. 10016911 -1

Full Name of # 2 joint invento	or: Andrew L. Van Brocklin		Citizenship: US
Residence:	6050 NW Happy Valley Drive	OR 97330	
Post Office Address:	Same as residence		
Inventor's Signature	a Brelli	Date	9-17-2002
Full Name of # 3 joint invento	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 4 joint invento	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 5 joint inventor	r:		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 6 joint inventor	r:		Citizenship:
Post Office Address:			
Inventor's Signature		Date	
Full Name of # 7 joint inventor Residence:	·		Chizenship:
Post Office Address:			
rost Office Address:			
Inventor's Signature		Date	
Full Name of # 8 joint inventor:	<u> </u>		Citizenship:
Residence:			
Post Office Address:			
Inventor's Signature		Date	
ev 05:02 (DecPwr)	(Use Page Two For Additional Inventor(s) Sig	(nature(s))	Page 2 of 2
 .			